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ORIGINAL DEPARTMENT.

Communications.

SURGICAL REMINISCENCES OF AN OLD
PRACTITIONER.

No. 2.

Many of the cases related in these reminiscences present but little of interest to the experienced surgeon, but to the youthful aspirant may serve, on the one hand, for encouragement under difficulties, and, on the other, as a beacon light to guard against the errors and mishaps of the writer. Comments, other than the briefest, are omitted.

Encephaloid of the Eye. Extirpation.

Mary Ury, of New Concord, Ohio, wt. 6. A beautiful, sprightly child, blonde complexion, blue eyes, rosy cheeks, and long, waving, flaxen curls. Intellect precocious far beyond her years. Up to this period, with the exception of some of the infantile diseases, she had enjoyed uninterrupted good health. Father, a blacksmith; mother a stout, healthy woman; both free from even the suspicion of any scrofulous, syphilitic, or other taint or cachexia. No cancer or consumption known to exist in the connection.

The child complained that it made her eyes tired to look at her boot, and that her left eye twitched and jumped, and was always twinkling. For this trouble I was first consulted, and considering it of a nervous character, prescribed abstinence from the books, and frequent bathing of the eye in cold water, with the addition of a few drops of laudanum.

In the course of the next two weeks the trouble rather increased, and led me to a more careful examination of the eye. Her general health was still good, though she was slightly more fretful than usual. The eye was not inflamed or painful, but the pupil was dilated, and deep in, beyond it, I could discover a shining something, of a metallic lustre, having the appearance of a small, round, polished brass button. Even in a few days, this appearance visibly increased in

size, and sight was almost lost. The terrible truth burst on my mind—encephaloid.

Tenderly, carefully, I broke the sad intelligence to the parents, and advised extirpation of the eye as the only, though doubtful remedy. I was met by a storm of indignation. What! would I disfigure, perhaps kill that beautiful child, whom evidently nothing ailed, except a little strain on the eye. I was summarily dismissed, and another medical man employed. He prudently gave no opinions, and his treatment I never learned. In about ten weeks, however, I was recalled to the patient, whom I found in a sad condition. She was lying on her little bed, almost on her face, as the light hurt the better eye. The blooming look was gone; the child appeared haggard and emaciated. She suffered considerable "bursting pain" in the sore eye, which protruded far beyond the socket—the size of a small apple. Appetite poor; some diarrhoea present. Extirpation was now as anxiously desired as at first it had been scornfully rejected. I acceded, and a few days after, having previously (with very imperfect success) tried to improve the little one's health, reluctantly performed the operation. A few whiffs of chloroform placed Mary beyond suffering. The eyelids, that appeared perfectly sound, were dissected back, and the whole contents of the orbit, including the lachrymal gland, cleared out. There was but trifling hemorrhage. The cavity was lightly filled with dry lint, and supported by a light ribbon. She came easily from under the chloroform, and expressed herself free from pain, and rejoicing that the ugly lump was gone. Almost from the hour, she improved, and under gentle, sustaining treatment, good nourishment, and exercise in the open air, in the course of six weeks the wound had cicatrized, and Mary had nearly regained her fine general appearance. For three months everything seemed to promise a radical cure. But about that time her mother observed that the cavity was filling up very fast. I immediately examined the child (having for some time discontinued my visits), and, alas! found the terrible enemy in possession of the field. Suffice to say, that the disease ran its course with fear-

fol rapidity; a bloody fungus, larger than the original tumor, in a few weeks filled its place. Frequent hemorrhages and constant ichorous discharge wasted her strength, but she suffered very little pain. She became comatose, and in about a month after I began the second time, the angels numbered another companion.

Reconstruction of the Entire Upper Lip.

Herpes excedens, *lupus*, *noli me tangere*, *vulgo* eating cancer—all names expressive of a terrible and destructive malady, though not often fatal to life, yet often obstinately resists every remedy, and then, after great havoc of the part affected, capriciously ceases, apparently having exhausted its vigor. Such had been the case of Mr. N., set. 19, from Morgan City, Oh'io. When about sixteen years of age he was attacked by lupus, for which he was treated by me for some time without success, and afterward was manipulated by root doctors, Thomsonians, Indian, and cancer doctors, who, after each promising a speedy cure, had equally failed. He gave up doctors, in despair, kept the parts covered with simple ointment, and after a time, got well, with the loss of the upper lip, the upper teeth and alveolar process, and a hole in the hard palate. In this condition I found him on my second taking charge of the case. His general health was good, the local disease had been arrested for months, and I determined to reconstruct the upper lip. This was accomplished without difficulty, and without the use of chloroform, in the following manner. On each side an incision was made from the corner of the mouth to a little above the corresponding ala of the nose. A second cut was begun about one inch outside, and carried parallel with it, falling short some distance of the nose; the extremities were united by a third cut, and the flaps rapidly dissected up. Two small arteries were tied on each side. The narrow strip of semi-cartilaginous skin beneath the nose was removed next, and then the two large flaps were brought down over the mouth, and united by two hare-lip pins, and a number of small, shallow, interrupted sutures, to bring the skin in apposition. Doll pins and twisted suture were employed to attach the lip above and close the gap in the cheek. Union by first intention supervened almost throughout, and in two weeks he was ready to go home, much improved in appearance. He pleaded extreme poverty, and, having reduced my bill to almost nothing, promised to pay at an early date. I afterward learned his father was a farmer in very good circumstances, but as he lived about forty miles

from my residence, this fact was easily kept out of sight. Some four or five weeks after, I received a letter marked with his post office, and opened it with the very natural expectation of finding the cash. But what was my astonishment on reading a letter couched in threatening language; that I had seriously injured him; that he was worse disfigured than before; the new lip was much too long, and kept doubling in over his lower teeth; that he had consulted a lawyer, who told him he could recover one thousand dollars damages, and finally, if I would send him two hundred dollars by return of mail, he would say no more about it. In reply, I simply sent his bill, requiring its liquidation by return of mail, under penalty of legal compulsion. It came. Some twelve months after, a good looking young man called at my office. I had some difficulty to recognize my work. He wore a fine set of plate teeth, that at the same time served as obturator for the palate, and with good enunciation apologized, and laid the blame, like Mother Eve, on the serpent, in this case the lawyer,—only he thought the lip might have been just a little longer, for it had shrunk one-third, as those jobs always do.

BROMIDE OF POTASSIUM IN PUERPERAL CONVULSIONS.

By J. T. ROTHROCK, M. D.,
of McVeytown, Pa.

The present *status* of this remedial agent gives a value to *any results*, obtained after it has had a fair trial. Analogy certainly would suggest the propriety of its administration in puerperal convulsions, especially when of an epileptiform character, as they were in the case about to be given.

What are puerperal convulsions? Rough diagnosis has doubtless often regarded as such convulsions that were essentially different. CAZEAUX writes—"For myself, I understand by the term eclampsia an affection characterized by a series of fits, in which nearly all the muscles of relation, and often also those of the organic life, are contracted convulsively, and in which the fits are usually accompanied with or followed by a more or less complete suspension of the sensorial and intellectual faculties for a variable period." There certainly is great difficulty in giving for this affection a formula, at once clear, concise and unexceptionable, and in the one quoted, the limits are not always well defined, but it is perhaps as good as any other.

In looking over the HALF-YEARLY COMPENDIUM

or MEDICAL SCIENCE, published by the editors of this journal, I find in the first number a *resume* of an article in the *British Medical Journal* for August 17th, 1867, p. 125 by ARTHUR R. STEELE, Esq.

So far as we can judge of the entire article from its report at second hand, there would seem to be no allusion to the use of the bromide of potassium in the treatment of this affection. In the second number, D. WARREN BRICKELL, M. D., is reported as urging: first, if the woman is in labor, that he remove any incidental cause, and make delivery one prime object. (To this proposition we presume no one will object.)

Second. If the woman is seized with eclampsia during gestation, remove the incident cause if possible. If the spasms recur notwithstanding the cause has been removed, (these *italics* ours,) chloroform, opium or the kindred remedies may now arrest them. If they do not speedily do so, delivery is preferable to delay.

Third. If the woman is eclamptic during gestation or in labor, because of general vitiation, as in uremia or malarial poisoning, delivery is the best chance she has for recovery. Such vitiations *plus* a prominent and immediately removable cause may exist, however, and the removal of the latter may arrest spasm, and enable gestation to be completed.

Fourth. If eclampsia is threatened during labor, delivery is imperatively demanded, as to wait for the development is to invite complication. If the threat exists during gestation, look earnestly for removable incidental causes, and remove them if found. He also states that there are remedies kindred to chloroform and opium, and which some practitioners use, but my observation is, that where chloroform and opium fail, but little is to be expected of their kindred.

Dr. ROBERT DYCE, in some remarks published in the *British Medical Journal* for April 18th, 1868, seems to place most trust in copious bleeding, regarding as mere secondary adjuncts chloroform, opium (judiciously given) and the cold douche and purgatives, and lastly, but very important, delivery.

In the third number of this same COMPENDIUM, we have a summary of Dr. T. A. REAMY's paper on puerperal convulsions. The author advises, first, free bleeding, and then chloroform.

Professor T. G. THOMAS is quoted in the same number, by Dr. F. W. HUNTER, who used with success chloroform in two cases. The citations from Dr. THOMAS are.

1st. Bring the patient fully under the influence of chloroform.

2d. If the indications demand it, practice venesection.

3d. If labor has commenced, hasten it. If not, endeavor to avoid the necessity of inducing it; but if you cannot, do not hesitate too long about its accomplishment.

4th. Act freely on the bowels and skin, apply cold to the head, and give lemonade freely, if the patient can swallow.

5th. Bear in mind that the prolonged use of chloroform is not near so likely to kill as a return of the convulsions."

Dr. JOHN DICKIE used chloroform in all cases irrespective of the cause, and with uniform success.

Dr. WM. BASS, of Lowell, Massachusetts, reports a case saved by the conjoined use of chloroform and ether.

CAZEAUX and HODOT both advise the usual treatment which may be gathered from the foregoing. Unless we are mistaken, no allusion is made by any of these authors to the use of bromide of potassium in the disease before us.

The following writers advocate its use:

"Puerperal convulsions are said by Dr. SHOGER and Dr. J. B. WOOD to have yielded very promptly to this medicine, given in doses of fifteen grains every two hours. This result is in perfect accordance with those produced by the medicine in other nervous convulsive disorders having a reflex origin."—Vide STILLÉ's *Therapeutics and Materia Medica*, 1868, vol. 2, p. 799.

Dr. WM. H. GRANT, of Ossipee, New Hampshire, reports in the *American Journal of the Medical Sciences*, April 1869, p. 380, one case in which "puerperal convulsions seemed to be promptly arrested by the administration of a large dose of bromide of potassium." In the MEDICAL AND SURGICAL REPORTER, June 6th, 1868, Dr. T. N. SIMMONS, of Hagerstown, Maryland, gives a somewhat detailed account of a case cured by the use of bromide of potassium, along with tartrate of antimony. We are inclined on "general principles" to think highly of this combination. February 6th, 1869, in the same journal we have a case reported by Dr. W. NODEN, of Roseneth, Canada West. Bromide of potassium was used here, but from the report it is not clear that the cure can be fairly attributed to this medicine.

We have only been able to search through a limited number of works and journals for these authorities *pro* and *con*. Doubtless much more could be gathered, and some cases might be found in which even, when fully tried, the medicine has

been found powerless; though we have seen none with such an attending report.

The citations given simply express the ideas, and do not always give the exact language; we desired brevity. It would seem that, though as yet the mass of the profession have not advocated (and we could hardly expect it) the use of this remedy in eclampsia graviarum, that there is good authority for its use.

We propose now to detail one case that came under our own notice, and in which the bromide was used with marked result.

March 31st. Dr. A. Rothrock was sent for in haste, to see a woman in labor with her first child. The immediate cause of alarm was puerperal convulsions. For a week or more she had complained of headache and general *malaise*, but no fears were awakened. The patient was remarkably robust and had always enjoyed good health. On reaching the house about 6 P. M., the doctor discovered that she had already had three severe convulsions of an epileptiform character. The os was dilated, and through the bulging bag of waters the head of the child could be distinctly felt. He at once sent for the forceps, chloroform, and bromide of potassium. Meanwhile he gave ergot, and abstracted fifteen fluid ounces of blood from the arm. Double that quantity would have been better, but so great was the cerebral congestion, that even the loss of this much caused a rapid and rather alarming sinking of the pulse at the wrist. At half past seven P. M., the forceps, bromide, and a mixture of ether and chloroform (instead of chloroform pure as directed) came. The forceps were at once used and the child extracted, during another paroxysm. This, the fourth, was quieted by means of the anaesthetic. This done, she lay for two hours in a deep stupor, after which another came on. It was quieted in the same way.

From this time until three A. M., she passed through not less than twelve more fearfully severe paroxysms. By common consent the case was regarded as hopeless. Still we opened the vein again, and withdrew fifteen fluid ounces more of blood. Blisters were applied to the calves of the legs. Under the use of the anaesthetic, the fits grew more frequent, and the patient became weaker. In this extremity a twenty grain dose of the bromide was forced into her. This produced an amelioration. During the ensuing four hours enough more was given to make three drachms. The paroxysms ceased, and were followed by a deep stupor lasting thirty-six hours. This will doubtless be regarded as treat-

ment verging toward recklessness, and as an illegitimate use of the drug. I am, sure, however, in this powerful woman that less would have been a mere dallying with the disease.

Nothing could have been more dangerous than the return of the spasm. At the end of this time she awoke again, only to fall into another fit; thirty grains quieted this, and about twelve hours rest followed, after which she awoke, again in a spasm. This, too, was checked by the bromide in about a twenty grain dose. She slept for several hours more naturally than she had done before. Occasionally after this her wild looks and the movements of her arms would betoken an approaching fit, but the same means warded them off until these threatenings disappeared. Her convalescence was rapid. On the third day after her delivery a large dose of castor oil was given. By the time this had operated freely, the lochial discharges made their appearance. Cold cloths were kept on the head throughout. Opiates at any time in this case would have been dangerous, we think, even after the bleeding.

After considerable experience in the use of bromide of potassium, we are led to think that very much of the alleged uncertainty in its action is more justly due to its timid exhibition. The proportion of persons whose idiosyncrasies would prevent its heroic administration seems to be less than the proportion so affected by opium. Dr. REYNOLDS in urging the use of this article in epilepsy remarks "that it is not the mere administration of the drug, but its presence in a certain quantity that is necessary for the cure." The question may be asked, at what time is it to be given in puerperal convulsions—before or after delivery? At both times, or, whenever there is spasm. The danger of the case consists in the paroxysm, and this is dangerous because of the cerebral congestion, be the cause what it may. Hence the drug seems to be indicated because—First, it is a general sedative to the nervous system, and vascular systems.

Second, because its use does not in the least contraindicate any of the older and more widely esteemed remedies.

Third, because of the promptness of its action.

We do not urge the use of this drug to the exclusion of the remedies generally relied upon. It may be used in connection with any of them, and hence its great value.

The cause known or supposed should of course be removed when possible.

The solubility of the bromide suggests its use hypodermically when from special reason it can-

not be given by the mouth, or when, if given, it would not be retained by the stomach.

**ANEURISM OF THE SPLENIC ARTERY:
RUPTURE AND DEATH.**

By E. M. CORSON, M. D.,
Of Conshohocken, Pa.

On the first day of January, 1866, I was called to see Mrs. S., *et. 28*; a lady in good circumstances; married, and the mother of two children. She was quite fleshy; and when I first saw her, she was suffering with intense pain in the epigastrium, extending through to the back.

The administration of half a grain of sulphate of morphia, and dry cups applied along the spine, soon relieved her. At about the same time next day she had a similar attack, and was relieved as before. What seemed unusual was the fact of the patient being able to be about in a few minutes after the paroxysms.

On account of the periodical nature of the attacks, and no assignable cause for them being apparent, it was thought that if she could be brought under the influence of quinine, the pains might be stopped.

The full effect of the drug was obtained, but to no purpose, as far as breaking up the paroxysms was concerned.

Thinking that the pain might be reflex, and caused by some uterine trouble, that organ was examined, and some slight inflammation of the os uteri discovered. This soon subsided under treatment. The pains, however, still continued to recur daily, and with increasing force, and if not relieved with morphia and cups to the spine, would last for hours. We next had recourse to iuteratives, and gave in turn, FOWLER's solution, the iodide and bromide of potassium, etc. This treatment continued for some months, and as the system had become accustomed to the morphia, and several grains were now required daily to relieve the pain, we gave hyoscyamus, aconite, belladonna, cannabis, and other remedies of that class, but could find none to afford any relief. All the remedies mentioned were faithfully tried at various times for a year. On account of the large quantity of morphia it was necessary to take by the mouth to relieve the pain, we substituted the hypodermic method, and with the happiest results. One half grain given in this method afforded instant relief, and agreed with the system so well that the lady could attend to her duties all the time.

Ice to the spine was tried, but without success.

In April, 1867, she became pregnant, and a hope was entertained that this change in the system might result in a cure, at least when she should be confined. About the eighth month of gestation, November 3d, she was seized with an unusually severe paroxysm of pain, and died in a few moments, completely exsanguinated. Thus in a few moments the case terminated, that had baffled all treatment for a period of twenty-two months. During all that time, there was not ten days the patient did not suffer exruciating pain.

The autopsy revealed the cause of death, and without doubt, the cause of the pain. The splenic artery had been converted into a large aneurism, which had ruptured and caused death. The spleen was rather larger than usual, and on making an incision into it, the contents ran out, of the consistency of molasses, and of a muddy color. All the other organs were healthy. One reason why the aneurism had not been discovered before death, was on account of the fleshiness of the patient and the situation. I am unable to assign any reason for the periodical nature of the pains, and would be glad if any of your readers can do so. The ease is certainly a remarkable one.

CHOREA OF THIRTEEN YEARS' STANDING CURED IN SIX WEEKS BY THE USE OF BROMIDE OF POTASSIUM.

By J. B. HOUGH, M. D.,
Of Ridgeville, Warren county, Ohio.

Jane K——, *et. 29* years; unmarried; is one of thirteen children. Her father, who was serofulous, died at the age of 54 years. Her mother is now hale, hearty, and 76. Of the seven sons and six daughters, only two sons and four daughters are now living, the others having died of serofulous and kindred diseases, three of them having been afflicted with chorea.

The subject of this report began to manifest the ordinary symptoms of chorea at the age of fourteen, and for thirteen years, as she and the family say, was never entirely clear of the disease. For nearly the whole of the time, except during a portion of her sleeping hours, involuntary muscular contractions, sometimes localized, and sometimes general, kept her in continual agitation, and frequently rendered her incompetent to voluntary actions. Menstruation began at fourteen years of age, and has been normal and regular since. Of late years her disposition became somewhat irritable and unhappy, produc-

ing an anxious, emaciated, and care-worn countenance. During her affliction, she was at various times, from a few weeks to a year or more at a time, under the treatment of four different, regular physicians of honorable standing, but, to use her own expression, she "became completely discouraged, and concluded that nothing would ever cure her, and that she would give up doctoring entirely." However, after the urgent solicitations of her mother and relatives, she reluctantly consented to try once more.

A careful examination of the case revealed to me no other pathological condition than that of *perverted nerve function*. What particular nerve or nerves to blame for the general disturbance, was a question, concerning which the present condition and previous history of the patient seemed to offer no conclusive evidence. What was to be done? There was no other obvious disease to eradicate or combat. There was no apparent want of nervous vigor. A few months previously, it is true, I had treated her successfully for temporary constipation, but without exerting any perceptible influence on her old disease. She was neither obviously asthenic, nor perceptibly asthenic. True to the instinct of the drowning man, the only straw within reach was grasped. *Her married sisters were somewhat remarkable for reproductive vigor.* Might not this fact be accepted as one point of circumstantial evidence of *sexual hyperesthesia*? Knowing the great influence which *bromide of potassium* exerts upon the sexual function, it was decided that this was the agent indicated. She was accordingly placed upon bromide of potassium three times daily, beginning with five grain doses, and increasing five grains every other day until the quantity of one drachm per day was given. *She immediately began to improve, and in six weeks was entirely well.* No other medicine was used. It is now two years since the treatment was suspended, and there are no indications of any return of the malady. She now wears a cheerful countenance, and is happy in the enjoyment of good health and disposition. Whether I was warranted in making up a diagnosis from the considerations mentioned, and whether the result was the effect of the treatment, instead of a remarkable coincidence, I leave for others to decide. My experience in the use of bromide of potassium as a general nervous sedative, and especially as an antaphrodisiac, has been exceedingly gratifying. I consider the single case reported one of interest, and take pleasure in submitting it to the profession, without further comment.

EDITORIAL DEPARTMENT.

Periscope.

Complicated Case of Polypus Vaginæ.

Dr. W. H. WILLIAMS, of Louisiana, reports the following case in the *Buffalo Medical and Surgical Journal* for April.

"Margaret Attaway, (colored,) aged twenty-five years, the mother of three children, was admitted into the Infirmary November 5th, 1868, complaining of inability to retain her urine, and that her monthly sickness was on her nearly all the time, and that she had much pain and a feeling of heaviness in the region of the urino-genital organs. She stated that she had not been able to retain her urine at any time within the last three years, and that her youngest child was about three years old; at the birth of this child she was not attended by either physician or midwife.

At the time this woman was admitted she was very much emaciated; had a haggard and despondent appearance of countenance, walked about and seemed indifferent to all things around her, and would not eat unless forced to do so. We attempted to make a digital examination per vaginam, but found the parts so tender that it was impossible to make a thorough one, and we therefore resorted to chloroform, which enabled us to make a careful examination of the parts, which I will endeavor to describe, as follows:

A polypus, the size of a hen's egg, was found separating the vulva. Pushing this to one side and continuing the finger up the vagina, another and smaller mass than the first was easily felt, and of the same character; and above this again the walls of the vagina were found bound together by bands of organized lymph, which rendered it impossible for the finger to reach the neck of the womb. We had very little difficulty in satisfying ourselves as to the character and origin of the obstructing growths. By pushing the mass lying in the vulva backward and upward into the vagina, three fingers could without difficulty be passed through the urethra into the bladder; in fact the urethra was larger than the vagina itself.

The polypus masses spoken of above were found attached by a common pedicle to the mucous surface, anteriorly to and just at the neck of the bladder. On examination it was found that this pedicle forked, and was the root of both polyps. The pedicle was easily di-

ded by introducing two fingers into the urethra and putting the parts on the stretch laterally and cutting it off with a pair of scissors. This done the bleeding surface was touched with the perchloride of iron, which soon stopped all bleeding, and enabled us to make a thorough examination of the vagina. This was done by using Sim's speculum, which enabled us to divide the bands of attachment from side to side, until they were all removed, and the neck of the womb brought fully into view. The cervix was large, long, and of a glistening appearance, and there was no sign of an os. The bleeding that followed the dividing of the bands was controlled by the iron as above used. The vagina was filled with cotton saturated with the following combination:

Ol. lini, 3*ss.*
Carbolic acid, SIM's solution, 3*ss.* M.

This tampon was not removed for three days, notwithstanding the pain and restlessness were such as to require the free use of anodynes while it was in situ. The cotton was removed from the vagina on the third day, and was not at all offensive. About the fifth day after the operation the urine had ceased to dribble away, and could be voided at will. Fifteen days later the general condition of the patient was much improved and the soreness about the vulva all gone.

We now determined to try to relieve the occlusion of the cervix; Sim's speculum was again used and the cervix brought plainly to view, which, with a curved volsella, was pulled down a little, and with a tenotome its centre pierced to the extent of little over two inches, when it was very evident that the knife had entered the cavity of the uterus. Bilateral incisions were made from this puncture, each way through the internum and cervix, and a large sized sponge tent introduced and retained twenty-four hours, which upon removal was not at all offensive. We thought it best to wait two days before introducing another tent, which was accordingly done and allowed to remain twenty-four hours. In removing this tent there was no trouble in introducing the finger into the womb, and the cervix, external and internal, looked quite healthy. Nothing more was done, nor was it necessary to do anything more in this case. This patient was just two months in the Infirmary, and when discharged was perfectly well.

I will here remark that the way in which I made my sponge tent seems to prevent that bad smell that Dr. J. MARION SIMS found so troublesome. My plan may be an old one to some, but

but I will venture to give it at all events. The combination is this:

R. Price's glycerine,	5 <i>iv.</i>
Carbolic acid, (cryst.)	5 <i>ss.</i>
Pulv. acaciæ,	5 <i>j.</i> M.

The sponge is to be saturated in this in the same manner as in the mucilage. No bad smell will follow the removal of a tent prepared in this way, even if it remains forty-eight hours, provided a pledge of cotton be dipped in glycerine and introduced into the vagina sufficiently high up to come in contact with the neck of the womb.

Operation performed in presence of, and assisted by Drs. CUTLIFF and CLAY, and P. B. TUZAWANT and HORACE WILLIAMS, students.

The Suez Canal.

The total length of the Suez canal is 99½ miles. Its northern end is Port Said, which is an artificial port, made for the canal by projecting two jetties into the sea from a point on a long, narrow beach, which skirts the coast of the Mediterranean at the easterly side of the delta of the Nile. This beach, like the beaches on the shore of New Jersey, encloses an inlet or lake. The first 37 miles of the course of the canal lies in the Lake Menzaleh. The average depth of water was but four or five feet, while the depth of the finished canal is to be 26 feet. Lake Menzaleh is a stagnant, vile water, a little salter than the ordinary water of the sea, because of the rapid evaporation which occurs in this nearly rainless district. Across this lake the canal has been dredged until a clear water way of 15 or 16 feet appears to have been attained everywhere, and the full excavation is going on by means of dredging machines more rapidly than was anticipated, when the promise of completion in October next was made. After passing through Lake Menzaleh, the canal next passes higher ground between El Ferdam and Lake Timsah.

The excavation in some part of this section of 9½ miles, seems to have been about 134 feet, (some statements make it only 87 feet, total cutting). This section of the canal was opened last November, and the water admitted into the depressed basin of Lake Timsah. Lake Timsah, within the historic period, has been a fresh-water lake, but it has been long dried up, probably about 1400 years.

The course of the canal, with only the requirement of dredging out the bottom, follows the lake, and the navigable terminus for vessels under 16 feet draft is at the southerly end of the Lake Timsah, 54 miles from the Mediterranean.

Then there follows through a ridge $7\frac{1}{2}$ miles of

cutting, which is now approaching completion, some portions being excavated to the full depth, while others are ready for the application of the dredging machine.* When these $7\frac{1}{2}$ miles, which have been considered the greatest task, shall have been completed, water can be let into the Bitter Lakes. The course of the canal follows that of the valley or depression of the Bitter Lakes.

The present surface of the ground of this valley, where the course of canal is projected, is nearly all of it 26 feet below the level of the sea. It is probable that the depression of solid ground is even more, as excavations of 8, 10, 12, or in some places 30 feet, show the earth to be about three-quarters soluble salts.

Twenty-three miles of canal are thus formed ready for use. At the southerly end of the Bitter Lakes, the ridge of Chalouf, about 5 miles, with a sandstone bottom, presents itself. The open excavation of this cut has engrossed more of the labor of the workings from on the canal than any other section the past two years, and it is more nearly completed than any other part of the heavy work to the full depth. From this point, 11 miles to Suez, the ground is but little above the Red Sea, and on this last section the least work has been done.

There are really now only $16\frac{1}{2}$ miles to be opened, or not ready for the water to flow into.—*Jour. Franklin Institute.*

Syphilis Treated without Mercury.

Dr. CHARLES DRYSDALE writes to the *British Medical Journal*, in reply to an inquiry from a physician, as follows:

Dr. Sisson asks me, what my present treatment of syphilis is. I shall cite one or two typical cases, which will be the best answer to my most respected interrogator.

Case 1.—Charlotte D., aged 16, was seen on August 2d, 1863, with roseola, alopecia, and mucous tubercles. She was treated with what I shall call *mistura potassae chloratis*, (*potassae chloratis*, five grains; *acidi hydrochlorici diluti*, five *minims*; *aqua menthae piperitae*, one ounce), thrice daily, until October, when the roseola disappeared, and she looked well. She was pregnant at the time.

Case 2.—Thomas P., aged 20, afterward husband of Case 1, also treated at this same period for scaly syphilitic eruption, sore-throat, and mucous tubercles of scrotum, lost all symptoms of syphilis in two months, and never, up to 1868,

* Since this was stated, the waters of the Mediterranean have been permitted to flow through this section into the Bitter Lakes.

has had any relapse. The infant, which was born to these parents shortly afterward, was at full time; but became syphilitic when seven weeks old, as far as I could learn—at least, it had snuffles, and died of convulsions. I did not see this child. On November 15th, 1865, Charlotte D. brought to me her second child, aged at that time five months. It had no symptoms of syphilis; and since then, both parents and this child have been frequently seen by me, all in good health, up to Nov. 1868.

Case 3.—Emma P., aged 24, February 10th, 1864. She had ulceration and mucous tubercles on the soft palate and roseola; the posterior cervical glands were enlarged. The chlorate of potash mixture was ordered three times a day; and a gargle with alum. In April of the same year, the symptoms were gone. She was seen in January, 1868, for toothache. There had been no relapse since that time. She had been sterile, but had not had abortions.

Case 4.—George W., aged 18, with iritis, roseola, and mucous tubercle on the scrotum. Atropia drop, (two grains to an ounce), was dropped into the eye twice daily. Chlorate of potash was ordered three times a day. Vision was perfectly restored; the eruption and mucous tubercles, (the latter were touched with nitric acid) disappeared; the patient having been under treatment from March 27th to May 16th, 1865. There had been no relapse in 1867.

Case 5.—Kitty C., aged 23, had an indurated sore on the umbilicus, hoarseness, alopecia, and roseola. She was treated from October 8th to November 10th, with chlorate of potash mixture, three times a day. She was pregnant. In June, 1867, she brought a child suffering from snuffles and a dry eruption on the buttocks. The child recovered, after taking two grains of chlorate of potash in water thrice a day, in about a month. The mother has had no symptoms since.

Case 6.—A lady, aged 27, in May, 1866, with her infant aged three weeks, consulted me for roseola, great alopecia, (the eyebrows fell off), mucous tubercles at the vulva, sore-throat, etc. There was a history of discharge and malaise about her vulva about a month before her confinement. She was ordered chlorate of potash mixture three times a day. Nourishing diet and much open air were recommended. She became emaciated, and would continue to suckle her healthy infant, notwithstanding my advice to the contrary. She was ordered to go to the seaside and bathe in the sea. In October she was almost well, after coming from Ramsgate, and the infant

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had escaped infection. I warned her that her next child would most likely become syphilitic; but she became again pregnant, and, in 1867, brought a syphilitic infant to me. This recovered under doses of chlorate of potash, and mother and child are at the present moment all well, and without syphilitic symptom.

Case 7 was more tedious, and required iodide of potassium. Edward T., a young medical student, contracted syphilis in 1865. Had sore-throat, mucous tubercles on the scrotum, the eruptions of a rupial kind leaving cicatrices on the arms. He took chlorate of potash mixture thrice daily for some time, and then went to Boulogne for sea-bathing. Syphilitic sarcocoele ensued, and, as he took no medicine for a time, it continued until I prescribed fifteen grains of iodide of potassium thrice a day, when the sarcocoele rapidly disappeared in about a fortnight, and he has not had any symptoms since that time.

Dr. Sisson will, from these cases, I have no doubt, be quite convinced of the non-necessity of mercurial interference in many cases of syphilis. My friend, Mr. R. W. Dunn, and myself had intended to relate some more such cases in a paper this year at Oxford: but one of us was abroad, and the paper was not read.

In reply to another question of Dr. Sisson's, as to my present views about iodide of potassium, I would remark that, in large doses, such as from ten to twenty grains thrice a day, it now appears to me to be one of the most powerful specifics we possess against any disease; I mean in tertiary forms, such as periostitis, etc.; whether these have been preceded or not by long courses of mercury. I formerly held that iodide of potassium was chiefly valuable when mercury had been given; and Professor BOECK seems still to hold this opinion. I now believe that in small doses, such as two grains thrice daily, it is often inefficacious, and that large doses are infinitely preferable. This change in my convictions has been brought about chiefly by the observations of M. RICORD and M. ALFRED FOURNIER on the subject, and my own subsequent observation. Both of these gentlemen, and many others in Paris and London, e.g., Sir H. THOMPSON, Mr. CECIL, etc., are in favor of very large doses of iodide of potassium.

In conclusion, allow me to thank you beforehand for inserting this letter. I cannot help thinking that the period of prejudice in favor of mercury is fast passing away. The drug is no longer among a favorite in bronchitis, pneumonia, or consumption, or even in peritonitis and pericarditis. In iritis, I know well from long

experience, it is not needed. Well, then, I contend, that *perhaps* even syphilis, that extremely common and grave disease, may do as well or better without it; and although many in London do not think so, a great many in Paris, Edinburgh, and the majority in Norway, are of like opinion. We hear from men of note that the day for medical debating is gone by, (Dr. SANDERSON). I, on the contrary, believe that discussion, open and fearless, on medical and social questions of importance, was never more needed than at present.

Oxygen.

Every method devised by which oxygen or oxygenized air may be cheaply supplied, possesses great scientific interest. Prof. GRAHAM, of London, has succeeded in increasing the amount of oxygen in the air, by, as it were, filtering it through fine leaves of India rubber. By this treatment he has succeeded in adding thirty-six, forty, and forty-six per cent. of oxygen to the air. When air contains as high as forty-six per cent. of oxygen, it will re-ignite a glowing taper. This is a most important discovery, and, if practicable upon a large scale, must be of great service in the arts. Supply us with air containing forty-six per cent. oxygen, at trifling cost, and we have in our hands one of the most important agents of good it is possible to conceive of. With it we can add to our gas-lights a high degree of illuminating power, and, by promoting more perfect combustion, save immensely in fuel in heating our buildings.—*Boston Jour. of Chemistry*.

Absinthe.

To prove the peculiarly dangerous qualities of absinthe as an alcoholic liquor, various experiments have been recently made. M. Magnan had already found that the fumes of absinthe throw guinea-pigs into convulsions, while alcohol only intoxicates them. Dr. DEBOURG, in a lecture delivered lately at Brussels, took two vessels containing a pint of water in which swam small fish. Pouring into one of these vessels six drops of the essence of absinthe, and into the other six drops of pure prussic acid, he showed that the fish were more rapidly struck down by the essence than even by the prussic acid. Absinthe is extensively adulterated by copper. To detect it, add to the absinthe, diffused through water as drinkers use it, a little salad-oil; shake up the mixture, and then let it rest. The oil rises on the surface, no longer of its original color, but of a bright green, which it owes to the presence of copper.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 8, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

MS. Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

MS. To insure publication, articles must be *practical* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

ON HAIR RESTORERS.

The editors of the *Chemist and Druggist*, of London, have employed Mr. HENRY MATTHEWS, F. C. S., to make some analysis of the most widely advertised hair restorers. The disclosures are singularly out of accord with the magniloquent puffs we read of these nostrums. We add a few of them.

1. Rosetter's Hair Restorer.

The label of this article asserts that 'this preparation will restore grey hair to its original color,' that 'it is not a dye,' that it 'acts directly upon the roots of the hair,' and that consequently 'its effects are gradual.' In the directions for use we are told that it 'must be used daily until the hair assume its natural color,' which will be 'in periods varying from one to three weeks.'

The sample examined consisted of a colorless fluid, and a greyish yellow deposit. The deposit consisted almost entirely of sulphur, with a minute quantity of carbonate of lead. The solution contained acetate of lead and glycerine.

In a bottle containing 10 fluid ounces, 44.8 grains of sulphur, and lead corresponding to 21.87 grains of acetate of lead, were found.

2. Mrs. S. A. Allen's World's Hair Restorer.

The label and wrapper of this preparation state that 'it never fails to restore grey hair to its natural color and beauty,' that 'it is not a dye,' and that it 'will not soil the skin, or most delicate head-dress.' We are further assured that this 'Restorer' is the best, because it contains no nitrate silver (*sic*) nor any other injurious ingredient.

The bottle examined contained 8½ fluid ounces of mixture, composed, like the last, of a colorless fluid, and a yellowish grey powder, this latter consisting of sulphur, with a trace of carbonate

of lead, the solution containing acetate of lead and glycerine.

The results of an analysis of the contents of the 8½ ounce bottle indicated 75.6 grains of sulphur, and an amount of lead corresponding to 87 grains of acetate of lead.

3. F. E. Simeon's American Hair Restorer.

This on its label and wrapper is 'warranted infallible to restore original color to grey hair,' also 'not to contain any nitrate of silver or any of the injurious substances which enter into the composition of ordinary hair dyes.'

Like the preparations previously noticed, this consisted of a colorless fluid, and a yellowish grey deposit, and also contained the same ingredients, viz., sulphur, acetate of lead, and glycerine, the deposit in this case being pure sulphur.

A bottle containing 8 fluid ounces furnished 31.8 grains of sulphur, and lead corresponding to 45.1 grains of acetate of lead.

4. Hall's Vegetable Sicilian Hair Renewer.

The label of this 'Renewer' states that 'the proprietors are entirely confident that it will bring back the hair to its original color,' and that 'it cures all diseases or humours of the scalp.'

This preparation was found to be similar to the others, the deposit containing sulphur, sulphate of calcium, and a trace of sulphate of lead; the solution containing acetate of lead, glycerine, and a trace of acetate of calcium. In distinguishing this preparation by the epithet 'vegetable,' the maker has allowed his inventive faculty to overstep the bounds of truth, and has given moralists another instance of the common commercial practice of calling things by their wrong names.

A bottle containing 6 fluid ounces furnished 70.2 grains of sulphur, mixed with sulphate of calcium (milk of sulphur having evidently been used in this case), also lead corresponding to 50.8 grains of lead.

5. Hemsley's Celebrated American Hair Restorer.

By the label we are assured that 'this is not a dye, but is prepared for the purpose of restoring grey hair to its original color.'

The preparation consists of a deposit and a colorless fluid. A bottle containing 6.5 fluid ounces gave 37.8 grains of a deposit, consisting of sulphate of lead, sulphate of lime and a small proportion of sulphur, while the residual solution gave lead corresponding to 0.3 grains of acetate of lead. The sulphur used in this case was evidently impure milk of sulphur, containing much

sulphate of calcium, double decomposition having taken place between this last and the acetate of lead used in preparing the compound.

In fact, we find that sulphur, acetate of lead and glycerine, are the ingredients in every one of these much lauded preparations. Now it is notorious that the acetate of lead is accumulative poison which in many instances has caused incurable paralysis.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHEYS, M. D.
No. 12.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulae for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutic expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulae, and issue them in book form.

Treatment of Diarrhoea.

WILLIAM AITKEN, M. D., Edinburgh.

92. R. Salicin, gr. v.
For one powder.

To be taken every four or six hours. In cases of diarrhoea with clean tongue, which will not yield to opiates, astringents, or stimulants, either singly or combined, and which probably depend on a want of tone in the intestine. In these cases the above recipe has often stopped a diarrhoea that appeared fast hurrying the patient to his grave.

One general rule may be acted on in the cure of diarrhoea, which is, that in the adult, whatever be the form of the diarrhoea, if the stools be dark at first, and then become light-colored, purgative medicines are no longer beneficial, and in no instance ought they to be continued longer

than is sufficient to remove any irritative substance accumulated in the alimentary canal.

J. M. DA COSTA, M. D.

93. R. Bismuthi subnitratis, $\frac{1}{2}$ gr.
Acidi tannici,
Pulveris ipecacuanhae
compositi, $\frac{1}{2}$ gr. iij.

For one powder. To be taken three times a day in chronic dysenteric diarrhoea. It is particularly in cases in which there exists persistent irritability of the bowels, influenced by the taking of much food which cannot be digested, and in which there are gastric symptoms in connection with the dysenteric affection, that the subnitrate of bismuth will be found very serviceable. In order that it shall produce an effect, it is necessary that it be administered in sufficiently large doses, not less than twenty grains. The dose may gradually be increased to a drachm.

JOHN FORSYTH MEIGS, M. D.

94. R. Pulveris opii, gr. vj.
Extracti nucis vomicæ, gr. iij.
Cupri sulphatis, gr. j. M,
Ft. mass in pilulas xij., dividenda.

One three times a day in chronic diarrhoea. The value of this pill has been proved by army surgical experience.

CHARLES MURCHISON, M. D., F. R. C. S., etc.

95. R. Acidi tannici, gr. x.
Tincturæ opii, $\frac{1}{2}$ v.
Glycerinæ, f. $\frac{2}{3}$ ss.
Aqua menthae pip., ad f. $\frac{2}{3}$ ss.

For one dose, in a tablespoonful of water every four hours. After the diarrhoea is checked order

96. R. Acidi nitro-muriatici, $\frac{1}{2}$ x.
Tincturæ opii, $\frac{1}{2}$ v.
Syrupi, f. $\frac{2}{3}$ ss.
Aquaæ, ad f. $\frac{2}{3}$ ss.

For one dose, in water, four times a day.

THOMAS HAWKES TANNER, M. D., F. L. S., etc.

97. R. Cupri sulphatis,
Extracti opii, $\frac{1}{2}$ gr. $\frac{1}{2}$
Extracti gentianæ, gr. iij.

For one pill, to be taken three times a day in obstinate diarrhoea.

98. R. Argenti nitratis, gr. $\frac{1}{2}$.
Extracti opii, gr. ij.

Make a pill to be taken night and morning. In very obstinate diarrhoea where opium agrees with the system.

"Songs of Gladness for the Sabbath School Prayer Meeting and Choir," is the title of a very fine collection of songs with accompanying tunes, many of them original, by J. E. GOULD, 923 Chestnut street, in this city. Price, 30 to 50 cents, according to binding.

* Entered according to Act of Congress, in the year 1868, by GEO. H. NAPHEYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N.B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Improvement.

Our readers will notice a marked improvement in the appearance of the *REPORTER* consequent on a change of paper. We are using a heavier paper and of better quality than has been used by us for several years past. We shall endeavor to improve the literary as well as the material attractions of the *REPORTER*, and look to our readers for coöperation. Let communications generally literary and business, be "short, sharp and decisive!"

"A Valuable Consideration!"

Such is a premium which we offer this week for new subscribers, viz., *The Boston Journal of Chemistry*. This journal is now in its second year, and has established itself as a thoroughly practical and useful journal, filling a void in our medical literature. Our readers will find it quite an acquisition to their tables.

To new subscribers we offer the *Journal of Chemistry*, as a premium, as follows:—

REPORTER, and <i>Journal of Chemistry</i> , one year,	\$5.00
COMPENDIUM, " " " " 3.00	
REPORTER, COMPENDIUM " " " 7.25	

To any of our subscribers we will furnish the *Journal of Chemistry* for 25 cents a year. See Prospectus in another column.

Jefferson Medical College.

On dit that Professor PANCOAST who has for so many years been the distinguished Professor of Anatomy in the Jefferson Medical College in this city, is about resigning, if he has not already done so.

Who will be his successor? Several names are canvassed—but one name, that of D. HAYES AGNEW, M. D.—carries with it a weight which will insure success, if indeed, the Trustees of the University of Pennsylvania are so short-sighted as to submit to the loss of a man who is to them a tower of strength.

Sciatica Treated by Acupuncture.

T. J. STEVENS, M. D., of Charlestown, Mass., (*Boston Med. and Surg. Journal*) records an interesting case of sciatica in which acupuncture was successfully tried. A male applied to him laboring under unilateral sciatica, which had proved rebellious to ordinary remedies. Twelve fine steel needles were inserted in the direction of the nerve along the ischio-trochanter fossa as follows: After stretching the skin tense with the left hand, the needle was seized by its head and passed about half an inch through the skin, in a boring or rotatory manner. All the needles were

successively applied and left in place half an hour, when they were extracted in the same rotatory manner. Then the patient was requested to get up and walk, and to his astonishment, he rose and walked with ease, and without pain. The cure was radical.—*Med. Record*.

Gratuitous Medical Advice in China.

The gratuitous distribution of medicine is quite common in China. In the summer, especially, certain remedies much prized by the people may be obtained, free of charge, from Societies which include this among other objects for which they are instituted. There is a very common mode of practising the healing art, professedly from benevolent motives, in which a selfish motive is too apparent. Notices may continually be seen placarded in public places, calling the attention of the public to some distinguished personage of the *Aesculapian* school, who has learned his art at the capital, or from some foreigner, or from some distinguished native practitioner, or by communication with the genii, who is desirous of relieving those who are in a condition of suffering and distress, and will give them an opportunity to avail themselves of his knowledge and skill without charge, except for the cost of medicine.

The following "item" will account for some of the "missing numbers" that we occasionally hear of.

Mr. HOLLOWAY, the new Postmaster of Indianapolis, discovered in the basement of the office building, locked up in a room, *fifty-five bags* filled with undistributed mail matter, accumulated during the past winter."

Unrewarded Merit.

A correspondent of the *Quebec Gazette* writes to his paper from New York: "There is living in East Twenty-ninth street a certain Dr. John GRISCOM, who has written more on prisons and hygiene than perhaps any other person in the world. In the States he is recognized as one of the first authorities upon scientific subjects. For years he has been President or Vice-President of different scientific societies. In fact he is a man devoted heart and soul to the cause of science. I have at this moment before me one of his works—"An essay on Prison Hygiene"—prepared by request of the executive committee, which does honor to the head and heart of the author. It displays not only his scholarly attainments and thoughtfulness, but establishes his philanthropy as well. Yet this eminent man was deprived of his position on some of the

Boards (I forget which) simply by reason of political intrigues against him. Analogous cases in Canada are rare, and let us hope they may ever remain so. Dr. GRISCOM's loss was comparatively very little, but that of the public very great.

Correspondence.

FOREIGN.

PARIS, March 15, 1869.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Before entering on our subject, we think advisable to make a few preliminary observations with respect to the programme which we intend to follow.

As the medical profession is the only recognised authority on general scientific subjects among the non-professional public, and as it is to physicians the people look for accurate information with regard to scientific facts announced in the non-scientific press, we shall notice all the events in connection with general science which we think worthy of record. We shall abstain as much as possible from criticism, and try to submit facts to the judgment of our readers in such a manner as to enable them to draw their own conclusions. This much said, we commence our review.

An important paper has just been read before the Imperial Academy of Medicine, by Dr. DUPRÉ, Professor of Clinical Surgery of the College of Montpellier. Dr. DUPRÉ divides pleuritic effusions into three principal orders:

1st. Essentially inflammatory effusions, namely, those which accompany true pleurisies, or which precede them.

2d. Serous accumulations, actual dropsey, which occur in the pleura in connection with organic lesions or general deteriorations.

3d. Rheumatismal or sero-plastic effusions. These last are the principal subjects of the paper.

Inflammatory effusions, according to Dr. DUPRÉ, should not be combatted by thoracic puncture. In the majority of cases, it might almost be said to always yield to other treatment. Serous accumulations in the pleura can be removed by no other means than puncture. Everything tends to prove this; as well the nature of the extravasated serum and its incessant tendency to accumulate, as the great danger of the lesions which have given rise to the extravasation.

Rheumatismal or sero-plastic effusions require

puncture of the pleura and the evacuation of the extravasated fluid, for these operations are calculated to obviate serious accidents, and add nothing to the danger of the situation.

Under the name of rheumatismal and sero-plastic effusions, Dr. DUPRÉ includes the effusions which have been so well described by M. PIDAUX under the name of latent pleurisy, and which have been so frequently observed by MICHEL, LEVY, THOLOSANE, SAUCEROTTE, and TOUSSA-GRIEVES.

The most important accompaniments of these effusions are the following: The beginning is generally accompanied by a slight trembling and a painful feeling of constraint in a part of the thorax. Sometimes immediately afterward, pains in the joints or sciatic neuralgia ensue. In other cases the pain in the thorax is very acute and seriously impedes respiration, but it is superficial and not confined to any particular region, and possesses all the symptoms of pleurodynia, and of rheumatism of the pectoral muscles. It often happens that in the course of this painful state, and very frequently when its intensity is decreasing, an eruption of fluid, which may or may not become considerable, takes place in one of the pleural cavities. This effusion is unaccompanied by cough, oppression, or pain. There is no fever, the appetite is unimpaired, and sleep uninterrupted. However, a livid paleness, an abnormal motion of the muscles of the face and neck, sudden interruption of the breathing in the middle of deep inspirations, and irregular pulse, indicate the existence of the affection. In such cases medical treatment is uncertain in its results, tardy in its effects, and often allows the formation of dangerous lesions. Sudden death not unfrequently occurs. Dr. DUPRÉ advocates puncture in these cases as a certain means of preventing lesion, without adding in any way to the gravity of the disease.

Dr. DUPRÉ resumes his conclusions as follows:

1. There exist idiopathic pleuritic effusions, of which apyrexia, latency, and profusion are the ordinary characteristics.

2d. They are distinguished from inflammatory effusions, and from hydroptic accumulations by the chimerical characteristics which make them approach rheumatism.

3d. The presence of elastic serosity in the pleura and its prolonged stay there, constitute a real and considerable danger. It should be removed as promptly as possible, either indirectly by the aid of medicine, or directly by surgical means.

4th. Thoracic puncture, practised according

to the rules prescribed, is absolutely harmless, and its immediate action and direct effects expose the patient to no danger.

5th. It should be practised immediately in case of effusions of more than a fortnight's standing, especially those which are situated on the left side, and occupy all the pleural cavity.

6th. In cases where flowings form under the care of a physician, recourse should not be had to this operation before the tenth day, and when they occupy at least two-thirds of the pleural cavity.

These principles put into practice by Dr. DURSÉ, have produced the following results:

Patients operated on in the 2d week, 47.

Cured.....	46
Deaths.....	1
	—
	47

Where it was impossible to perform the operation at an early stage of the disease, the results were not so favorable.

Patients operated on in the first month, 19.

Cured.....	15
Deaths.....	4
	—
	19

Patients operated on in the second month, 8.

Cured.....	5
Deaths.....	3
	—
	8

Patients operated on in the fifth month, 1. Cured 1
" " " seventeenth " 1. " 1

This table proves that sero-plastic effusions of very old standing can be cured, and that prompt thoracic puncture is an excellent habitual mode of treatment. The aid of medicine should not, however, be despised. On the contrary, we must rely on it to prepare and assure the success of the operation.

The frequent accidents resulting from the inhalation of chloroform have prompted, from their very origin, the study of several experimental chemists. JOBERT DE LAMBALE, ROBERT, ABEILL, and LIÉGEVIS, have written on the happy results of inductive elasticity, applied as a means of restoring persons asphyxiated by chloroform. With the same objects, MM. LEGROS and ONIMAS have experimented on the employment of continuous currents of electricity.

The work of these two last authors has been submitted to the Imperial Society of Surgery. We think that a *résumé* of the experiments made before a committee of this Society, and of the conclusions to which the gentlemen chosen by it to report on the subject have appended the authority of their reputations, will be read with interest.

Three white rats were successfully placed

under a bell-glass 30 centimètres in height, and fifteen in breadth, with a sponge on which a quantity of chloroform had been poured. The first rat was removed after respiration had entirely ceased, when every trace of sensibility and voluntary movement had disappeared, but before the pulsations of the heart had discontinued. The poles of a voltaic pile were then introduced; one, the negative, into the rectum, the other, the positive, into the mouth. The current was maintained during some seconds, after which the wires were withdrawn. In a little while irregular respiratory movements could be perceived, which gradually became more frequent, the pulsations of the heart increased in strength, and finally, sensibility and general movement returned. The animal was completely restored to life.

The second rat was taken from under the bell-glass almost in the same conditions; the movements of the heart being, however, less perceptible. The current failed to restore the animal to life.

The third rat, when taken from under the glass had ceased to breathe; sensibility and general movement were extinguished; the pulsation of the heart was little perceptible. The application of the current succeeded in reviving it.

It is important to observe that all these experiments are applicable to cases of *asphyxia* by chloroform, and not to syncope.

As a means of combating chloroformic asphyxia, galvanization, as proposed by Messrs. LEGROS and ONIMAS, appears to the committee to be decidedly efficacious.

The animals on which the preceding experiments were made, may be considered as devoted to certain death if left to themselves.

The observations made by Mr. MAURICE PERRIN on dogs, cats, and rabbits, proves that animals asphyxiated by chloroform in these conditions, succumb if abandoned to the efforts of nature.

The preceding experiments are, we believe, of very serious importance, and calculated to render valuable service in surgical practice. One very important item should be remarked, that the continued current recommended by Messrs. LEGROS and ONIMAS only restores the action of the heart, when it is made to pass through the cerebro-spinal axis.

Inductive Currents.

The committee next proceeded to experiment on inductive currents, and obtained satisfactory results as with the voltaic pile. This

fact induced the committee to give the preference to the last, because an inductive apparatus can be easily procured, and is portable; secondly, because induced currents applied to the human heart, diaphragm, and phrenic nerves, have received the sanction of experience, while continuous currents applied to the same organs in similar cases, have not succeeded in producing the same results. Indeed, FRIEDBERG, of Berlin, WIDD and GARGRAVE, have successfully employed faradisation of the phrenic nerves. MAURICE, of the Royal Berg Hospital, has saved a man by passing a current through the elongated ganglion, in communication with the epigastrium. LUMMSEN and DUCHESURE DE BOULOGNE restored to life a man who had asphyxiated himself with the vapor of charcoal, by means of faradisation of the epigastrium. Whatever may be thought of previous experiments, and of the probable advantages of inductive electricity, Messrs. LEZOS and ONIMAS must be allowed the credit of having put at the disposal of practitioners a new and very efficacious means of combating one of the gravest accidents of a preliminary to surgical operations, for which they cannot be too completely prepared.

Since chemical matches have come in general use, poisoning by arsenic, which formerly occurred so frequently, very seldom comes under our notice. But the fatal facility of procuring phosphorus has unfortunately enabled guilty persons to replace it with advantage to their purpose. Criminal statistics prove that this substance is that most frequently employed in poisoning. Up to the present time, medical science possessed no antidote to this poison, and its victims were looked on as fatally devoted to death.

Mr. PERSONNE, a distinguished chemist, who has been long investigating this subject, has at length discovered an antidote to the disorganizing agent. Knowing already that essence of turpentine, and other carburets of hydrogen, deprive phosphorus of its property of luminosity in the darkness, and of burning at a low temperature; knowing that in the match manufactories at Stafford, in England, the workmen are guaranteed from the necrosis resulting from the vapor of phosphorus, by carrying a small phial of essence of turpentine attached to their breasts, Mr. PERSONNE undertook a series of experiments, which we detail for the benefit of your readers. The experiments were fifteen in number, and were made in parallel series of three on dogs of middling size, and chosen, as much as possible, of the same strength. No. 1 of each series was given phosphorus alone; and No. 2 was given

the essence two hours after the poison; No. 3 was given the antidote immediately after injection of the phosphorus.

The essence and phosphorus were in each case conveyed to the stomach of the animals by means of a cesophageal catheter, the phosphorus always in a state of dissolution in a fatty substance. In one case it was administered in the shape of the paste used for making matches. The dose varied from one decigrammes to three decigrammes.

No. 1 of each series, to which phosphorus alone had been administered, making, in the five series, five animals, died.

No. 2, those animals to whom the antidote had been administered two hours after the injection of the poison, at first exhibited the same symptoms of the animals which had been given the poison alone, but finally, after copious discharges from the stomach, recovered, with one exception.

Finally, No. 3, to which the antidote had been administered immediately after the poison, were only slightly indisposed, with the exception of one which succumbed.

The animals belonging to series two and three, which died, had absorbed 30 centigrammes of phosphorus, an enormous dose. In addition, they had been placed in a temperature so cold as to freeze the water put at their disposal.

Finally, notwithstanding the large quantity of phosphorus injected, the antidote was administered in the same amount as in the other cases.

Phosphorus pills deprive the blood of the necessary oxygen, thus preventing its haematosis.

Essence of turpentine appears to possess the property, when absorbed, of preventing the phosphorus from burning in the blood, as it prevents its combustion at a low temperature. The results of these experiments we regard as highly satisfactory, inasmuch as they give us a means of paralysing the action of this poison, and finally, eliminating it from the blood.

DOMESTIC.

The Black Knot in Fruit Trees.

EDITORS MED. AND SURG. REPORTER:

The Report of Dr. MULVANY, on the curative effects of coal-oil, is highly interesting; but the huge blunder into which he has been betrayed, in relation to the "Black Knots on Fruit Trees," ought to suggest a caution. Such a statement should not pass, uncorrected, on this side of the water.

The *Black Knot* is not produced by insect-

puncture, nor is it made the special nidus of any species of insect. It is a parasitic cryptogamous plant, belonging to the class Fungi—order Pyrenomycetes—Genus *Sphaeria*; and was accurately described by SCHWEINITZ half a century ago, as *sphaeria morbosa*. Various larvae of insects are sometimes found in the old decaying knots, which led to the popular error, and has made it difficult fully to disabuse the public mind in regard to them.

The knots have, within the present century, attacked successfully, and destroyed the *morello cherry*, and the *damson plum*; and are now operating, destructively, on the common, or *pie cherry*. Other varieties of the cherry and plum have suffered much less.

The Doctor has mistaken the fact. He should have said, *the destruction of the black knot is the surest means of preserving the tree*; instead of—the destruction of the eggs, or young flies, in the black knot, the surest means of preserving the fruit. The eggs, or young flies, in the knots, have no special relation to the fruit.

As regards treatment, it would be much better surgery to *amputate* the young branches, so soon as they manifest the disease, and carefully *burn them*, than to incise the knot, and swab it with coal oil. Later in the season the fungus throws off innumerable *spores*, which being dispersed, lodge on, vegetate, and become parasitic on other branches, till they ultimately kill the tree.

This necessary correction is respectfully submitted.

E. MICHENER, M.D.

New Garden, Chester Co., Pa.,
30th of 4th mo., 1869.

Poisoning by Chromic Acid.

EDITORS MED. AND SURG. REPORTER:

On the 6th inst., Patrick C., aged 36, of intemperate habits, in a fit of desperation, swallowed a solution containing about fifteen grains of chromic acid. Within three minutes his countenance assumed a leaden hue, his features contracted, and eyes sunken, and he vomited very profusely; first, the contents of the stomach; then a large quantity of bile; and, lastly, considerable blood. He had about the same time two or three very copious alvine dejections.

I saw him about two hours after the occurrence. His stomach was still irritable, and he complained of a great burning pain. His countenance had partially resumed its color, but the eyes were still sunken. He had several times drank water, but thrown it up instantly. I at once ordered a very free use of sweet milk, of which he drank, during the succeeding twelve

hours, over half a gallon, without any further emesis. A good deal of tenderness of the stomach still remaining, he was put upon the use of powders of bismuth, morphine, and pulverized gum acacia. He made a rapid and complete recovery.

H. WARDNER, M.D.

Cairo, Ill.

News and Miscellany.

Medical Law of Minnesota.

The bill is so much to the point, and so commendable in its provisions as regards protection of the rights of legitimate medicine, that we give it entire, taking the occasion to commend it to the special attention of all parties concerned:

"SEC. 1. That it shall be unlawful for any person, within the limits of said State, who has not attended at least two full courses of instruction, and graduated at some school of medicine within the United States, or of some foreign country, or who cannot produce a certificate of qualification from some State, district, or county medical Society, and is not a person of a good moral character, to practise medicine in any of its departments, or perform any surgical operations for reward or compensation, or attempt to practice medicine, or prescribe medicines, or perform any surgical operation for reward or compensation, within the said State of Minnesota.

"SEC. 2. Any person living in the State of Minnesota, or any person coming into said State, who shall practise medicine, or attempt to practise medicine, in any of its departments, or perform, or attempt to perform, any surgical operation upon any person within the limits of said State, in violation of sec. 1 of this act, shall, upon conviction thereof, be fined not less than fifty dollars, nor more than one hundred dollars for such offence, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail of the county in which such offence shall have been committed, for the term of thirty days; and in no case wherein this act shall have been violated, shall any person so violating, receive a compensation for services rendered: *Provided*, nothing herein contained shall, in any way, be construed to apply to any person practising dentistry exclusively.

"SEC. 3. No person who fails or neglects, on or before the first day of October, 1869, to file in the office of the Clerk of the District Court of the county in which he resides or keeps his office, a sworn copy of the certificate or diploma of some school or college of medicine, that he has attended at least two full courses and graduated at such school, or a sworn copy of a certificate of qualification of some State, district, or county medical Society, shall be permitted in any court of this State to sue for or recover any compensation for his services, advice, or attendance as a physician or surgeon; and the failure to file a sworn copy of such diploma or certificate, as

above provided, shall be *prima facie* evidence that he has not attended or graduated at any school of medicine, or received a certificate of qualification from any State, district, or county medical Society.

“Sec. 4. Any person studying medicine with a preceptor, qualified as in this act above provided, shall have three years from the commencement of his term of study to comply with the provisions of this act.

“Sec. 5. This act shall take effect and be in force from and after the first day of October, 1869.”

We are indebted to Dr. SAMUEL WILEY, of St. Paul, Minn., for the above copy of the bill. It was passed March 4, 1869.—*Medical Record.*

Ventilation.

The Massachusetts Medical Society offers a prize of fifty dollars for the best dissertation, worthy of a prize, which shall describe, in plain language, briefly, “An effective and ready method of ventilating sick-rooms—one that can be put in operation at once, at the moment needed, with least difficulty and expense, in houses of ordinary construction.” The Committee of Award consists of five well-known physicians, namely, Morrill Wyman, George H. Lyman, Henry G. Clark, Edward H. Clarke, and William Read.

Medical Society of New Jersey.

The One Hundred and Third Annual Meeting of the Medical Society of New Jersey will be held in the Common Council Chamber, City Hall Buildings, at Jersey City, on the fourth Tuesday of May, (the 25th), at half-past seven o'clock, P.M.

W.M. PIERSON, JR.,
Recording Secretary.

Orange, May 1st, 1869.

— Baron ROTHSCHILD left 200,000 florins to the Jews of Vienna, to erect a hospital for Israelites. The chosen nation has, however, in the opinion of the editor of the *Wiener Med. Wochenschrift* not manifested their usual practical good sense in choosing a locality, as the lot decided upon is in the immediate vicinity of the city gas works, and what is worse,—for the odor of the gas works, though disagreeable, is not unhealthy—with an insufficient amount of ground and a want of water.

— From the 22d to the 27th of April, an international meeting of delegates from the different societies to provide for the sick and wounded in war met at Berlin. It was a continuation of the convention of Geneva, and the proceedings were intended still further to enlarge the usefulness of these sanitary societies.

Army and Navy News.

The following naval officers and civilians will constitute the Board of Visitors to the Naval Academy, to report on the 20 of May: Rear-Admiral Paulding, the President; Commodore J. R. Goldsborough, Captain; E. G. Parrott, Surgeon; William Maxwell Wood, the Hon. J. R. Hawley, the Hon. H. H. Wadsworth, Dr. E. D. Kittoe, George H. Stuart, Esq., and Judge Humphrey.

Surgeon George H. Maulsby has been appointed President, and Surgeon Edward Shippen and James S. Knight, members of the Board to examine the physical condition of the graduating class of midshipmen on the 20th of May.

Fleet Surgeon J. M. Foltz has been detached from the European squadron, and is ordered home.

Surgeon Charles Eversfield has been detached from rendezvous duty at the Philadelphia Navy Yard on the 15th of May, and is ordered to the Franklin, as fleet surgeon of the European squadron.

Surgeon John C. Spear is ordered to the Naval Rendezvous at the Philadelphia Navy Yard, on the 15th of May next.

Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

BUCHANAN—BROGNARD.—On the 24th ult., by the Rev. Samuel E. Appleton, Church of the Mediator, James A. Buchanan, M.D., and Carrie B. Brognard, both of this city.

DICE—GORDON.—April 14th, by Rev. D. C. Reed, J. P. Dice, M. D., of Coloma, Carroll co., Mo., and Miss Maggie J. Gordon, of Mercer co., Pa.

DOVE—EGBERT.—In this city, April 29th, by Rev. Dr. Furness, First Lieutenant Wm. Edgar Dove, Twelfth Infantry, U. S. Army, and Julia, daughter of Surgeon Daniel Egbert, U. S. Navy.

HARWOOD—CAMP.—In New York city, April 21, 1869, at the residence of the groom's brother, by Rev. Henry Ward Beecher, John G. Harwood and Miss Rachel M. Camp, both of Bennington, Vt.

THAW—MITCHELL.—On the 20th of April, in Christ Church, Millford, Del., by Rev. J. Leighton McKim, Wm. H. Thaw, of Philadelphia, and C. Lizzie, daughter of the late Dr. James R. Mitchell, of the former place.

DIED.

HENDRY.—In Camden, N. J., on the 23d ult., Charles D. Hendry, M. D., in the 60th year of his age.

HOWELL.—In this city, suddenly, on the 24th inst., Geo. W. Howell, M. D., aged 55 years.

KOLLOCK.—On the 24th of February, 1869, Mrs. Margaret G. Kollock, wife of M. H. Kollock, M. D., on board the United States Steamship Newbern, near the Straits of Magellan, whilst accompanying her husband to Alaska, to fill an appointment as army surgeon.

POST.—At his residence in New York, April 26, 1869, of typhus fever, Minturn Post, M. D., in the 61st year of his age.

SOMERS.—In this city, on the 30th ult., Lewis Summer Somers, M. D., in the 59th year of his age.

Dr. SOMERS was one of our most reputable practitioners, an ornament to his profession, whose death is a loss, not only to the medical fraternity, but to society in general.

OBITUARY.

Minturn Post, M.D.

The New York Tribune says: Dr. MINTURN POST, one of the most distinguished practitioners of this city, died at his residence on Monday, April 26, after a short illness. Dr. Post was graduated from Columbia College in the class of 1828, with Hamilton Fish, Winthrop, Jay, and other men who have attained to distinction. He studied his profession under the supervision of Dr. VALENTINE MOTT and, after attending the regular course of medical lectures in Philadelphia and New York, Dr. Post went to Paris, where he further continued his studies under Baron LOUIS, BROUSSAIS and other distinguished scientific men. He translated from the French a work on Auscultation and Percussion, which met with considerable favor among professional men. Twenty-six years ago, Dr. Post was elected Medical Examiner to the Mutual Insurance Company, and continued to discharge the duties of his position until within a few days of his death. As a mark of respect to Dr. Post's memory, the office of the Mutual Life Insurance Company will remain closed until after the funeral, except for the reception of premiums falling due.

QUERIES AND REPLIES.

Dr. S. H., of Washington Ter.—Your COMPENDIUM (No 3) has been sent to your former address. Send for it. Remittance was received.

Dr. J. S. A., of California.—COMPENDIUM No. 3 has been sent.

Dr. W. E. H., of Pa., and others.—Having paid a year's subscription in advance to the **REPORTER**, \$2 additional will entitle you to the **COMPENDIUM** for 1869.

Dr. S. C. P., of Ills.—"Can you inform me when Dr. Meigs will have his new work on Diseases of Children ready for sale?"

We cannot positively say, but understand that it may be expected by fall.

Effects of Strychnia.

Dr. W. T. C., of Ky.—"I notice in the United States Dispensatory, in speaking of the action of strychnia, where the author says it does not prove poisonous to animals having no lungs. Please inform me, through your journal, what animal it is that has no lungs?"

We presume that animals such as fish, whose blood is aerated in the gills, radiates, molluscs, etc., are the classes of animals referred to.

Vaginitis.

Dr. R., of Ind.—1. Mrs. H., a young woman, married in December. Soon after had great heat and swelling of the vulva and vagina. Her doctor used stimulating diuretics. She grew worse. She then fell into the hands of my partner. Cooling applications removed the inflammation in a measure. She has still a leucorrhœa, which checks for a few days, and then returns, irritating and burning "like fire." Abdomen exceedingly tender at times. When discharge ceases, the womb swells, accompanied with pain—both of which subside when discharge reappears. Womb is described as rolling and squirming. Menstruation has not appeared since her marriage, until about five weeks ago, when there was a show for one day only. None of the ordinary signs of pregnancy are present. She has kept her bed from the start, although her appetite and general health has been good. The tenderness of the womb and abdomen dates back only about a month. Cooling and astringent injections have been used. The vagina has been too tender for use of speculum. What is the diagnosis and treatment?

"2. I wish to ask another question. Is it safe to inject medicinal substances into the cavity of the uterus, and if so, what instrument is most appropriate, and price?"

1. Probably the lady has some vaginitis, with ulceration of the os, resulting from sexual intercourse. Put her under chloroform, use the speculum, and see whether it is not so. The treatment will then be easy enough.

2. Yes. A uterine syringe is what you want. Price \$4.50 to \$6.00; but don't use it too often.

The Opium Habit.

Dr. H., of Ills.—"About five years since I began the use of morphia sulph. in one e^guth and one fourth grain doses, the effect of which was delightful to quiet nerve, heavy, dull pain in spine, and very unpleasant, jerking, uneasy sensations along arms and lower extremities, dyspepsia, and perhaps dilatation of the heart to some extent; all of which unpleasant symp'toms a small dose of morphia would remove in a most thorough manner, leaving me, for from two to twenty-four hours, free from pain, with intellectual improvement. But now from ten to fifteen grains are borne, without any inconvenience, twice daily. Since I began the use of it, my weight and flesh have increased, also my appetite. To neglect taking it destroys all appetite, and leaves me in a most miserable condition, which seems intolerable. But I am satisfied it is ruining me intellectually and financially, it costing me now five or six dollars per week. What am I to do? What can I do? There must be a stopping place somewhere. I have tried many substitutes, but none begin to fill the place of morphia. I cannot read long without dozing, and whilst in that condition there is often a sudden jerk or spasmodic action of the muscles of the body or one extremity, which is often sudden and powerful. Often there seems to be temporary congestion of the spinal cord, and the circulation is temporarily arrested, starting again with a sudden shock to the system. I have faith in the advice of the *REPORTER*, and hence would like to hear from it on the subject of morphia and its effects. Yes, the *REPORTER* fills the bill. I have taken all of our best journals, (or the most of them,) but at the end of the year I have invariably sought for better—they did not give entire satisfaction, something seemed wanting—but when my term of subscription expires now, I do not hesitate, I seek no farther, but forthwith renew my subscription without a thought of doing better. What a dreadful habit I have acquired? What can you advise? Of course, it requires all my ingenuity to keep it from my patrons, who, to know it, would cast me off. Which is the best work on morphia?"

Your case is indeed a most unfortunate, and, we are sorry to add, a by no means uncommon one. Indeed, we have thought that physicians, more than any other profession, are inclined to the abuse of opiates. We have known numbers who were constant opium eaters.

It is a most difficult habit to break. Rest assured of one thing—that the unpleasant sensations you experience on quitting the drug, are more owing to the loss of it than to any disease.

We advise you to reduce the quantity one-third or one-fourth of a grain a day, take plenty of active exercise, a concentrated, easily digestible animal diet, cold salt-water baths once or twice a day, and substitute temporarily bromide of potassium for your accustomed anodyne.

METEOROLOGY